

COMPLETION OF FEE WAIVERS DOCUMENTS

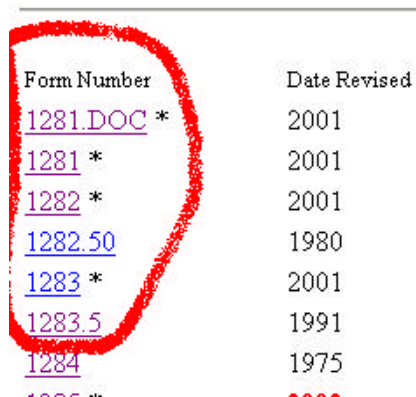
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ACCESSING THE FEE WAIVER DOCUMENTS IN THE COMPUTER

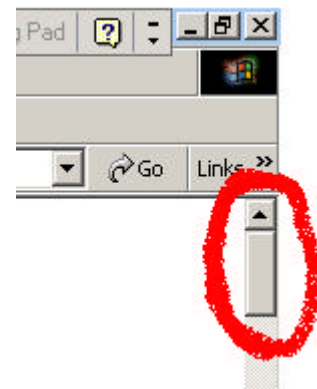
ACCESSING THE DOCUMENTS IN THE COMPUTER

1. **DOUBLE CLICK** on the icon (picture) labeled PUBLIC ACCESS SERVICES by placing the cursor over the PUBLIC ACCESS SERVICES icon and pressing the left mouse button twice.
2. Select "**JUDICIAL COUNCIL FORMS**" on the screen.
 - a. Move cursor over "**JUDICIAL COUNCIL FORMS**" icon
 - b. Double click left button on mouse
3. From the left column select form you are looking for (single click left button on mouse) or scroll down until you locate it.



Form Number	Date Revised
1281.DOC *	2001
1281 *	2001
1282 *	2001
1282.50	1980
1283 *	2001
1283.5	1991
1284	1975

Double click left button on mouse



To scroll down, hold down left button
on mouse and move the bar down

OR

Use wheel on mouse

3. Using the bar on the far right of your screen as shown above **SCROLL DOWN** until you see the form that you want to complete. The forms for fee waivers are:

982(A)(17)(A), Information Sheet on Waiver of Court Fees & Costs
982(A)(17), Application for Waiver of Court Fees & Costs
982(A)(18), Order on Application for Waiver of Court Fees & Costs
982(A)(19), Notice of Waiver of Court Fees and Costs
4. **DOUBLE CLICK** on the underlined number of the form you select.
5. The form will appear on the screen ready to be completed.
6. If you have problems calling up the forms please ask the Clerk for assistance.

DETERMINING IF YOU QUALIFY FOR FEE WAIVER

1. **AUTOMATIC QUALIFICATION FOR FEE WAIVER:** If you are on AFDC or SSI or SSP or CALWORKS or Food Stamps or County Relief or General Relief or General Assistance you automatically qualify for a fee waiver.
2. **DETERMINING IF YOUR GROSS MONTHLY INCOME QUALIFIES FOR WAIVER:** If your gross (before taxes) income per month is less than the amount shown on the Information Sheet for the number of persons living with you that you are required to support, you also qualify for a fee waiver.

A copy of the Information Sheet is located on the next page for your convenience.

3. **OVER MONTHLY AMOUNT WITH HIGH MONTHLY EXPENSES:** If you are over the monthly amount but your monthly expenses are high you can complete the fee waiver documents and ask the Clerk to have the Judge review them for approval/denial.

The Judge can deny the waiver or approve the waiver, or allow you to make monthly payments on the filing fee.

4. **WARNING ON APPLICATION:** Please read the "WARNING" on the front of the Application near the bottom:

"WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs."

5. **CONFIDENTIAL DOCUMENT:** For your information the Application for Fee Waiver is a confidential document stored in a confidential envelope in the file and is not made available to the general public for viewing.
6. After you carefully determine that you qualify to submit a fee waiver. You are ready to complete the three documents required for applying for a waiver. Continue to completion of the Application.
7. If you determine that you do not qualify for a waiver, be prepared with check, cash or money order to pay your fees upon submission to the Clerk for filing.

INFORMATION SHEET ON WAIVER OF COURT FEES AND COSTS

SAMPLE DOCUMENT

INSERT 1 PAGE INFORMATION SHEET HERE 982(A) (17) (A)

APPLICATION FOR WAIVER OF COURT FEES AND COSTS

COMPLETING APPLICATION FOR WAIVER OF COURT FEES & COSTS

The areas in **red** correspond to the areas on the form that you will need to complete.

1. Select Form # **982 (a)(17), Application for Waiver of Court Fees and Costs**. Once the form appears on the screen you must type in the required information using TAB to move from one section to another. SHIFT TAB takes you back from one area to another. You may use all capital letters.
 - a. **ATTORNEY OR PARTY WITHOUT ATTORNEY** - type in your name, address and telephone number as indicated.
 - b. **ATTORNEY FOR** – type in Petitioner in Pro Per OR Respondent in Pro Per as it fits your case.
 - c. **SUPERIOR COURT OF CALIFORNIA, COUNTY OF** – type in Yuba;
 1. **STREET ADDRESS** – type in 215 FIFTH STREET
 2. **MAILING ADDRESS** – type in 215 FIFTH STREET
 3. **CITY AND ZIP CODE** – type in MARYSVILLE CA 95901
 4. **BRANCH NAME** – leave blank
 - d. **PLAINTIFF/PETITIONER:** type in name of Pltf/Ptnr
DEFENDANT/RESPONDENT: type in name of Deft/Resp

NOTE: If you are filing in an existing case DO NOT change the names of the parties. Once the Petitioner/Plaintiff that person will always be the Petitioner/Plaintiff throughout the case. Once the Respondent/Defendant that person will always be the Respondent/Defendant throughout the case.
 - e. **CASE NUMBER** – If this is a new case, the case number will be stamped by the Clerk. If this is an existing case, you MUST include the case number.

NOTE: In Dept of Child Support Service matters (DCSS) (formerly Family Support) case numbers are NOT the same as Superior Court case numbers. You must indicate the Superior Court Case number (not the DCSS case number) on your documents.

You may ask the Clerk or Facilitator for assistance with determining the correct case number.

- f. **Item #1** – you must mark box a or b.
- g. **Item #2** – type your current street or mailing address including the city, state and zip code.
- h. **Item #3a** – type your occupation, employer and employer's address.

If you are unemployed – type NONE or UNEMPLOYED.

- i. **Item #3b** – type your spouse's occupation, employer and employer's address.

If no spouse – type in NO SPOUSE.

If spouse is unemployed – type NONE or UNEMPLOYED.

- j. **Item #4** – if you are receiving financial assistance – mark the appropriate box.
- k. **Item #5** – if you marked box #4 you are required to complete box 5a, 5b or 5c.
 - 1. **Item #5a** – type in your Medi-Cal Number (the filing Clerk will need to see your Medi-Cal Card to verify the number).
 - 2. **Item #5b** – type in your social security number and date of birth.
 - 3. **Item #5c** – if you mark this box you must attach documents to verify the benefits you are receiving. A list of acceptable documents is contained in the Information Sheet in this binder.

- l. **Item #6** – If you checked box #4 - skip this item.

If you are NOT receiving benefits as outlined in Item #4, but your total gross monthly income is less than the amount shown on the Information Sheet – then mark this box.

If you mark Item #6 – then you must complete items 8, 9a, 9d, 9f and 9g on next page of this form.

- m. **Item #7** – if you marked box #4, skip this item.

If you marked box #6, skip this item.

If you are over the amount shown on the Information Sheet but your income is not enough to pay the common necessities of life for yourself and the people you support – check this box.

You must complete page 2 of this form if you check this box.

NOTE: The Judge will have to approve/deny your application.

- n. **DATE** and TYPE IN YOUR **NAME** as indicated.

IF YOU MARKED BOX #4, you are finished with this form. Skip completion of page #2 and follow the instructions for printing the form.

IF YOU MARKED BOX #6 or #7 following these instructions for completing page #2 of this form.

PAGE #2 COMPLETION (IF YOU MARKED ITEM #6)

1. **Item #8** – if your pay changes considerably from month to month – mark this box.
2. **Item #9a** – type in your gross (before taxes) monthly income OR an average of your pay for the last 12 months (if you marked Item #8).

Item #9d – indicate other monthly monies you receive and identify the source of each amount.

Item #9f – enter the number of persons who live in your home who depend in whole or in part on you for support or who you depend on for support.

Item #9g – type in the total gross monthly household income. Add the totals - 9a plus 9d plus 9f.

NOTE: This total must be less than the amount shown on the Information Sheet.

PAGE 2 COMPLETION – IF YOU MARKED ITEM #7

1. **Item #8** – if your pay changes considerably from month to month – mark this box.
2. **Item #9a** – type in your gross (before taxes) monthly income OR an average of your pay for the last 12 months (if you marked Item #8).
3. **Item #9b** – list your payroll deductions specifying the purpose and amount. Indicate the total.

4. **Item #9c** – Item 9a minus Item 9b – enter the amount to determine your monthly take home pay.
5. **Item #9d** – type in other sources of monthly income and specify the source. Enter the total.
6. **Item #9e** – add 9c and 9d totals – enter the total amount.
7. **Item #9f** – enter the number of persons who live in your home who depend in whole or in part on you for support or who you depend on for support.
8. **Item #9g** – type in the total gross monthly household income. Add the totals - 9a plus 9d plus 9f.
9. **Item #10** – property you have an interest in:
10. **Item #10a** – CASH – type in the amount.
11. **Item #10b** – CHECKING, SAVINGS, CREDIT UNION ACCOUNTS
Identify the bank.
12. **Item #10c** – list cars, boats, and other vehicles (list make, year; fair market value and loan balance of each.
13. **Item #10d** – list real estate (address, estimated fair market value and loan balance for each property)
14. **Item #10e** – list other personal property – jewelry, furs, stocks, bonds, furniture, etc.
15. **Item #11a through k** – list your monthly expenses as indicated.
16. **Item #11l** – list amounts deducted due to wage assignments orders.
17. **Item #11m** – list other monthly expenses not yet identified.
18. **Item #11n** – total all monthly expenses (items 11 a though m)
19. **Item #12** – indicate other facts that support this application – you may use a separate sheet of paper if necessary.
20. Follow the instructions in the next section for proofreading, printing and saving the document.

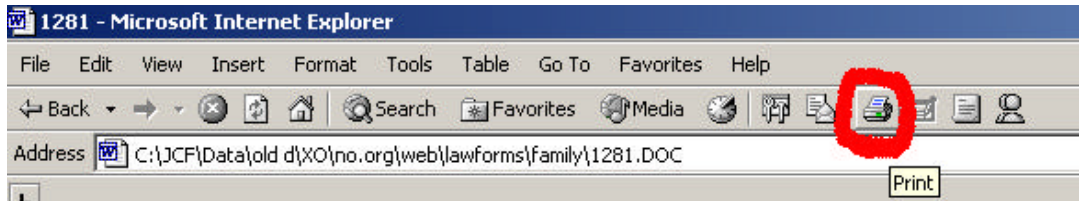
SAMPLE DOCUMENT

INSERT APPLICATION FOR FEE WAIVER – 2 PAGES

PROOFREADING, PRINTING AND SAVING YOUR DOCUMENT

PROOFREADING, PRINTING & SAVING YOUR DOCUMENT

1. **PROOFREAD** your document and make necessary corrections.
2. **PRINT:** SELECT the PRINTER ICON on the tool bar (see below):



3. Pick up your document from the Clerk at the window and PROOFREAD again.
4. When you are satisfied that your document is correct – print a total of 3 times as the court requires the original and two copies.
5. **SAVE** your document:
 - a. Click on "**FILE**," in the upper left corner. Select "**SAVE AS**."
 - b. Make sure your disk (furnished by the Clerk) is inserted in the A drive.
 - c. At **FILE NAME** – NAME YOUR FILE.
 - d. Click on **DOWN ARROW** at top and select 3 ½ Floppy A:
 - e. Select "**SAVE**"

Please ask the Clerk for assistance if you have difficulty saving your document.

6. **SIGN YOUR DOCUMENT** – some documents do not require your signature. Review the document carefully sign and date if needed.

ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS

COMPLETING THE ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS

The areas in **red** correspond to the areas on the form that you will need to complete.

1. Select Form # **982 (a)(18), Order on Application for Waiver of Court Fees and Costs**. Once the form appears on the screen you must type in the required information using TAB to move from one section to another. SHIFT TAB takes you back from one area to another. You may use all capital letters.
 - a. **ATTORNEY OR PARTY WITHOUT ATTORNEY** - type in your name, address and telephone number as indicated.
 - b. **ATTORNEY FOR** – type in Petitioner in Pro Per OR Respondent in Pro Per as it fits your case.
 - c. **SUPERIOR COURT OF CALIFORNIA, COUNTY OF** – type in Yuba;
 1. **STREET ADDRESS** – type in 215 FIFTH STREET
 2. **MAILING ADDRESS** – type in 215 FIFTH STREET
 3. **CITY AND ZIP CODE** – type in MARYSVILLE CA 95901
 4. **BRANCH NAME** – leave blank
 - d. **PLAINTIFF/PETITIONER:** type in name of Pltf/Ptnr
DEFENDANT/RESPONDENT: type in name of Deft/Resp

NOTE: If you are filing in an existing case DO NOT change the names of the parties.

Once the Petitioner/Plaintiff that person will always be the Petitioner/Plaintiff throughout the case.Once the Respondent/Defendant that person will always be the Respondent/Defendant throughout the case.
 - e. **CASE NUMBER** – If this is a new case, the case number will be stamped by the Clerk. If this is an existing case you MUST include the case number.

NOTE: In Dept of Child Support Service matters (DCSS) (formerly Family Support) case numbers are NOT the same as Superior Court case numbers. You must indicate the Superior Court Case number (not the DCSS case number) on your documents.

You may ask the Clerk or Facilitator for assistance with determining the correct case number.

2. **Item #1** - leave blank – Clerk will stamp date.
3. **Item #2** – type in your name.
4. The Clerk will complete the remaining information. You are finished with this form.
5. Continue with the instructions for proofreading, printing and saving your document.

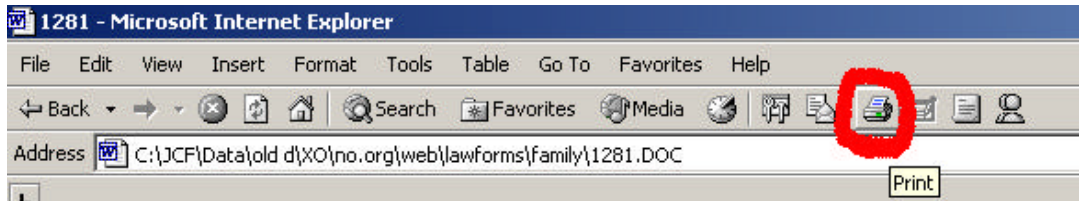
SAMPLE DOCUMENT

INSERT 2 PAGE ORDER ON FEE WAIVER

PROOFREADING, PRINTING AND SAVING YOUR DOCUMENT

PROOFREADING, PRINTING & SAVING YOUR DOCUMENT

1. **PROOFREAD** your document and make necessary corrections.
2. **PRINT:** SELECT the PRINTER ICON on the tool bar (see below):



3. Pick up your document from the Clerk at the window and PROOFREAD again.
4. When you are satisfied that your document is correct – print a total of 3 times as the court requires the original and two copies.
5. **SAVE** your document:
 - a. Click on "**FILE**," in the upper left corner. Select "**SAVE AS**."
 - b. Make sure your disk (furnished by the Clerk) is inserted in the A drive.
 - c. At **FILE NAME** – NAME YOUR FILE.
 - d. Click on **DOWN ARROW** at top and select 3 ½ Floppy A:
 - e. Select "**SAVE**"

Please ask the Clerk for assistance if you have difficulty saving your document.

6. **SIGN YOUR DOCUMENT** – some documents do not require your signature. Review the document carefully sign and date if needed.

NOTICE OF WAIVER OF COURT FEES AND COSTS

COMPLETING THE NOTICE OF WAIVER OF COURT FEES & COSTS

The areas in **red** correspond to the areas on the form that you will need to complete.

1. Select Form # **982 (a)(19), Notice of Waiver of Court Fees and Costs**. Once the form appears on the screen you must type in the required information using TAB to move from one section to another. SHIFT TAB takes you back from one area to another. You may use all capital letters.
 - a. **ATTORNEY OR PARTY WITHOUT ATTORNEY** - type in your name, address and telephone number as indicated.
 - b. **ATTORNEY FOR** – type in Petitioner in Pro Per OR Respondent in Pro Per as it fits your case.
 - c. **SUPERIOR COURT OF CALIFORNIA, COUNTY OF** – type in Yuba;
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2. **Item #1** - leave blank – Clerk will stamp date.
3. **Item #2** – type in your name.
4. The Clerk will complete the remaining information. You are finished with this form.

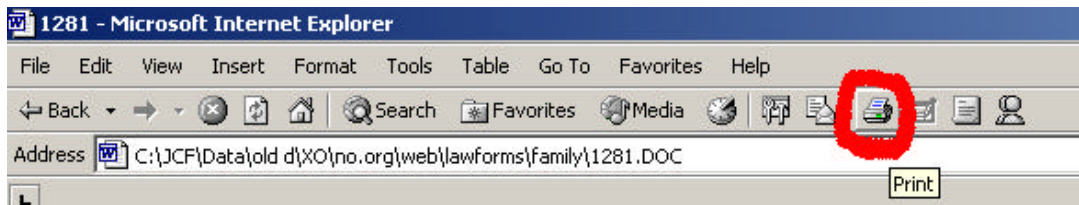
SAMPLE DOCUMENT

INSERT 1 PAGE NOTICE ON FEE WAIVER

PROOFREADING, PRINTING AND SAVING YOUR DOCUMENT

PROOFREADING, PRINTING & SAVING YOUR DOCUMENT

1. **PROOFREAD** your document and make necessary corrections.
2. **PRINT:** SELECT the PRINTER ICON on the tool bar (see below):



3. Pick up your document from the Clerk at the window and **PROOFREAD** again.
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5. **SAVE** your document:
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 - b. Make sure your disk (furnished by the Clerk) is inserted in the A drive.
 - c. At **FILE NAME** – NAME YOUR FILE.
 - d. Click on **DOWN ARROW** at top and select 3 ½ Floppy A:
 - e. Select "**SAVE**"

Please ask the Clerk for assistance if you have difficulty saving your document.

6. **SIGN YOUR DOCUMENT** – some documents do not require your signature. Review the document carefully sign and date if needed.

FEE WAIVER COMPLETED

You have now completed the fee waiver documents and can select the next binder that corresponds with what you are trying to accomplish.